TO WHOM IT MAY CONCERN. MAR 16 2007

MY NAME IS KOLO HSIN US BANGGERY THE

CREDITOR OF CASE # 98-02675-5-ATS

I'VE SPOCKE WITH PEGGY B. DEANS ABOUT

MY CLAIM, ENCLOSE IS A COPY OF MY

PROOF OF CLAIM STATEMENT, THAT I

HAD FILED. PLGASE UPDATE MY CLAIM

STATEMENT AND MY CURRENT ADDRESS

NON 15:

6108 RIPPLING WATER WALK CLARKSVILLE, MD =1029

PLGASE CALL ME AT ANYTIME FOR ANY REQUEST. JOH CAN ROACH AT. (b) 410 - 997-1266 ASK FOR KO

(10) 410 - 997-1266 AEK FOR KOLD THANK YOU AGAIN FOR YOUR HOLP!

> Sincoredy Alo Hin

CO Sase 78 92674 5 PMW DOCTOS THEO 03/16/07 Entered 03/16/07 TV:00:07 Page 2 of 2

ORM BIO (Official Form 10)(4/98) NITED STATES BANKRUPTCY COURT FASTERN DISTRICT OF NORTH C		PROOF OF CLAIM
NITED STATES BANKRUPICY COURT EASTERN DISTRICT OF NORTH O	CAROLINA	
ame of Debtor	Case Number:	
TERNATIONAL HERITAGE, INC.	98-02675-5-ATS	
TERNATIONAL RENTAGE, TO		
OTE: This form should not be used to make a claim for	an administrative expense arising after	
OTE: This form should not be used to make a claim for a commencement of the case. A "request" for payment of a	n administrative expense may be flied	
	III Administration - 1	
arsuant to 11 U.S.C. \$503 ame of Creditor (The person or other entity to whom the debtor	Check box if you are aware that	98-02675-3-A13
and Creditor (The person or other entity to whom the debtor	Check box if you are aware and	
ame of Cleditor (The become	anyone else has filed a proof of	CED - 0 1000
wes money or property):	claim relating to your claim. Attach	FEB 10 1999
OLO HSIN	copy of statement giving particulars.	
lame and Address where notices should be sent:	Check box if you have never	OT TOPIC
at a tight	received any notices from the	PEGGY B. LLLIS, CLERK
OLO HSIN	bankmotey court in this case.	U.S. BANKRUPICY CURT EASTERN DISTRICTS OF N
715 S. Diamond Bar Blvd.	☐ Check box if the address differs	THIS SPACE IS FOR CAUST USE ONLY
Diamond Bar CA 91765	Check box if the address children	EVZIEWN DIBITION
	from the address on the envelope	
•	sent to you by the court.	[
11 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Telephone Number: (707) 373 - 0736	Check here if Ureplaces	filed claim, dated
Account or other number by which creditor identifies debtor:	this claim amends a previously	
(coome or other manner)	L - defined in 11 II S (C. §1114(a)
Basis for Claim	Retiree benefits as defined in 11 o.s.s. Wages, salaries, and compensation (fil	l out below)
Basis for Cland	Wages, salaries, and compensation (m	,
☐ Goods Sold	Your SS #:	rformed
Services Performed	Unpaid Compensation for Services re	Hormed
Money Loaned	from toto(date)	
Personal injury/wrongful death	(date) (date)	
☐ Taxes		
□ Other	3. If court judgment, date obtained:	
2 Date debt was incurred:	5. If court Jackmans, and	
2. Date debt was incurred:		
1977 1977 of Time Case Filed:	\$ 736.	6.11
4. Total Amount of Claim at Time Case Filed: If all or part of your claim is secured or entitled to priority, also co Check this box if claim includes interest or other charges in ad	\$ 73 C omplete Item 5 or 6 below. Idition to the principal amount of the claim.	Attach itemized statement of all
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NOTE TO ALL CREDITORS IN CONVERTED CASES ONLY: DO NOT FILE A CLAIM IF YOU FILED A CLAIM UNDER THE PREVIOUS CHAPTER